

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request:	3/4/05	2 Serial/Patent #	10600236	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/> Filing				\$
<input type="checkbox"/> Amendment				\$
<input checked="" type="checkbox"/> Extension of Time		AMDT	3/14/05	\$ 1020.00
<input type="checkbox"/> Notice of Appeal/Appeal				\$
<input type="checkbox"/> Petition				\$
<input type="checkbox"/> Issue				\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.				\$
<input type="checkbox"/> Maintenance				\$
<input type="checkbox"/> Assignment				\$
<input type="checkbox"/> Other				\$
		7 TOTAL AMOUNT OF REFUND	\$ 1020.00	
10 REASON:		8 TO BE REFUNDED BY:		
<input type="checkbox"/> Overpayment		<input checked="" type="checkbox"/> Treasury Check		
<input checked="" type="checkbox"/> Duplicate Payment		<input checked="" type="checkbox"/> Credit Deposit A/C #:	9 13 -- 1703	
<input checked="" type="checkbox"/> No Fee Due (Explanation):		<p>Dkt. EOT was not timely filed & therefore is unnecessary.</p>		
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME:		TITLE: Paralegal		
SIGNATURE:		PHONE: 272-3201		
OFFICE:				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****				
APPROVED:		DATE: 3/7/05		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B